

## Department of Revenue Motor Vehicle Division

**Request for Correction of:**
☐ Georgia Certificate of Title Number \_\_\_\_\_

☐ Georgia Certificate of License Plate Registration Number \_\_\_\_\_  
(Tag Number) (Year Issued)

Please complete items below for fields reflecting incorrect information on title or tag registration only. Do not complete all fields.

	<b>Incorrect Information Now Shown</b>	<b>Correct Information</b>
Vehicle Identification Number		
Vehicle Make		
Year Model		
Number of Cylinders		
Body Style		
Date Purchased		
New or Used		
Odometer Reading		
Name		
Address of Owner		
Other		

\_\_\_\_\_  
(Personal Signature of Vehicle Owner)

Notice: This request will not correct title or tag information that conflicts with source documents. This form should be accompanied by the title, which was issued incorrectly. If requesting a correction of a tag registration, this request should be accompanied by the tag registration reflecting the incorrect information and a properly executed MV-1 application reflecting the correct information.